PETITION DRIVE POLITICAL COMMITTE For Office Use Only STATE OF ARIZONA CITY OF TUCSON CITY OF TUCSON RECEIVED 07 OCT 12 M 10: 44 OFFICE OF THE Address CITY CLERK City Sponsoring Organization and Office 07-117-C Name of Candidate and Office Sought (if applicable) E-Mail Address Fax # REPORTING PERIOD (Please check appropriate box) FILING DEADLINE ☐ 60 Days after the Date of Issuance of Petition Number by City Clerk: For Period of June 30 Report For Period of Date Ending of First Report through May 31, 2007 At the time of filing a petition filed more than sixty (60) days after the date of issuance. Thirty (30) days after the filing of the petition, except that in any case where the petition drive political committee that applied for a petition or petition number files additional signatures in response to the city clerk's certificate stating that an insufficient number of signatures has been filed with the petition, the statement shall be filed thirty (30) days after the deadline for filing additional signatures. In the case of any petition not filed with the city clerk within the deadline for filing established by the Tucson Charter or Tucson Code, all petition drive political committees shall file campaign finance reports twenty (20) days after the expiration of said deadline.

For Períod of August 23, 2007 through October 1, 2007October 11, 2007

For Period of October 2, 2007 through October 17, 2007......October 25, 2007

☐ Pre-Primary Election

Pre-General Election

Post General Election

January 31 Report

Other

	5. SUMMARY	Column A Total This Reporting Period	Column B Election Period To Date
5a Surplus from Pr filed for the ne	evious Campaign (or at time Statement of Organization was w committee)		
5b Cash on Hand a	t Beginning of this Reporting Period	694.54	
5c Total Receipts (Summary Page,	from corresponding columns on Detailed Line 8)	1632,00	11.993.68
5d Subtotal (add L [a] and [c] for	ines [b] and [c] for Column A and add lines Column B)	2326.54	HAVE OF
beginning of the	Obligations from Previous Campaign Committee at e Election Period (or at time Statement of Organization was ew committee) (Do not add or subtract this line from the	Total	
6b Total Disburse Summary Page	ements (from corresponding columns on Detailed e, Line 18)	546.5%	9561.60
	at Close of Reporting Period (Subtract Line 6b - Column A must equal Column B)	2772.08	The same of the sa

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OF OCT 12 AM ID: 44

OFFICE OF THE

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name	3. ID#	
2. Report Covering Period FromThru		
RECEIPTS	COLUMN A	COLUMN B
Contributions other than loans and in-kind:	THIS PERIOD	CAMPAIGN TO DATE
		11/1 15/ 11
(a) Individuals - more than \$25 (Total from Schedule A) (b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	1261	4486.14
(c) Political Committees (Total from Schedule B)	- <i> & 0/</i>	7000
(d) Subtotal Contributions [add 4(a), 4(b) and 4(c)] /632.00		
(e) Refund of Contributions (Total from Schedule F-2)		
(f) Total contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	•	
(b) All other loans (Total from Schedule C-1)	0	2000
(c) Total loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. TOTAL Receipts [add 4(f), 5(c), 6, and 7] 1632:00		
DISBURSEMENTS		
Expenditures for Operating Expenses (Total from Schedule D)	546.56	
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. TOTAL disbursements [subtract line 17 from line 16] 546, 56		
19.Total Outstanding Debts owed by Reporting Candidate or Political Comm. (Schedule F-3)		2000,00
 I certify, under penalty of perjury, that I have examined the contents of this campaign finance knowledge and belief it is true and complete. 	e report and to the b	est of my
CILA CFEKK Type or Print Name of Treasurer OLLICE OL THE		
Signature of Treasurer or Candidate or Designating Individual:	<i>L</i> 0	Date
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CITY OF TUCSON

REV 9/04

CITY OF TUCSON RECEIVED

CONTRIBUTIONS FROM INDIVIDUALS* (More than \$25)*

SCHEDULE A

	07 OCT 12 AM IO: 44	r		
1.	Committee Name		3. ID#	
2.	OFFICE OF THE Report Governo Period from the	ารบ		
4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	STREET ADDRESS 30 F 2 ND	9/24	50,00	
	CITY STATE ZIP 857/9 OCCUPATION RET EMPLOYER	f		
b.	STREET ADDRESS 1932 E. COPPER CITY T STATE 85719	9/22	50,00	
C. .	LAST LUTZ FIRST MI			
	STREET ADDRESS 9850 N. BUSTERVILLE LN CITY STATE 21P 85743 OCCUPATION EMPLOYER	10/1/07	, 50	350
d.	CITY STATE ZIP OCCUPATION EMPLOYER	10/4/07	35	
e,	LAST OLER CHRISTINE STREET ADDRESS 207 W, DAHIL CITY T STATE 85705	10/1/07	100	150
	OCCUPATION EMPLOYER			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A]		-	

*If contributions of \$25 or less are fisted with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

REV 3/00

Schedule A Page _____of___

CONTRIBUTIONS FROM INDIVIDUALS* (More than \$25)*

1.	Committee Name		3. ID#	
2.	Report Covering Period from t	hru	,	
4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	LAST AYRES FIRST JAMES STREET ADDRESS CITY T STATE ZIP / 9 OCCUPATION EMPLOYER	10/1/67	30	
b	STREET ADDRESS CITY STATE CITY CITY STATE STATE SPECIAL MI MELVENA MI STREET ADDRESS STATE SPECIAL ST	191/07	28	56
c.	STREET ADDRESS 833 W ALTURAS CITY STATE STATE OCCUPATION EMPLOYER	10/1/07	28	
d.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			OFFIC
e.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER		, , , , , , , , , , , , , , , , , , ,	CEIVED 2 AH ID: 44 CLERK CLERK
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A] *If contributions of \$25 or less are listed with contributor's name, address,	occupation and emi	37 Loloyer on Schedule A.	

do not include them on Schedule A-1.

REV 3/00

CONTRIBUTIONS of \$25 or Less - AGGREGATE TOTAL*

SCHEDULE A-1

Committee Name		3. ID#	
Report Covering Period from	<u></u>	thru	
Aggregate Total of Contributions of \$25	or Less		
Description	Amount Received This Period		Cumulative Total This Campaign To Dat
73 CONTRIBUTION,	1261		
·			CITY OF TUC RECEIVED 7 OCT 12 AM OFFICE OF T CITY CLER
			PED PRK
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4 (b), Column A]	1261	6. CUMULATIVE TOTAL THIS CAMPAIGN TO D. [Transfer total to Detailed Summary Page, Line 4(b), Column B]	ATE 485

^{*}If contributions of \$25 or less are listed with contributors name and address on Schedule A, do not include them on this schedule.

CONTRIBUTIONS of \$25 or Less - AGGREGATE TOTAL*

SCHEDULE A-1

		thru_	3. ID#		
Aggregate Total of Contributions of \$2				· .	-
Description	Amount Received This Period	·		T	cumulative otal This campaign To Dat
		•			·
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					OFFIC
				CLERK	CEIVED 12 AN IO: 12 AN IO:
					# 5
THE DEPLOY		S CHAIR ATES	TOTAL THIS CAMPAIGN	<u> </u>	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4 (b), Column A]			etailed Summary Page,	ODAIE	

^{*}If contributions of \$25 or less are listed with contributors name and address on Schedule A, do not include them on this schedule,

EXPENDITURES FOR OPERATING EXPENSES* SCHEDULE D Committee Name 2, ID# Report Covering Period from:_ thru **EXPENDITURES** 4. DATE AMOUNT **EXPENDITURE** OF THE NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE **EXPENDITURE** MADE ·a. DESCRIPTION OF ITEMS OR SERVICES PURCHASED CHECK# CHECK# CHECK# 6 NAME, ADDRESS, CITY, STATE AND ZII DESCRIPTION OF ITEMS OR SERVICES PURCHASED CHECK# NAME, ADDRESS, CITY, STATE AND ZIP

CHECK#

CHECK#

ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D

[If last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A]

5.

DESCRIPTION OF ITEMS OR SERVICES PURCHASED

DESCRIPTION OF ITEMS OR SERVICES PURCHASED

NAME, ADDRESS, CITY, STATE AND ZIP

^{*}Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit,

Committee Name	2. ID#	<u> </u>
Report Covering Period from:thru		<u> </u>
EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	MADL	EXI FUDITOR
AME, ADDRESS, CITY, STATE AND ZIP		
ESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	
AME, ADDRESS, CITY, STATE AND ZIP		
DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	
NAME, ADDRESS, CITY, STATE AND ZIP		
DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	<u> </u>
NAME, ADDRESS, CITY, STATE AND ZIP		
DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	-
NAME, ADDRESS, CITY, STATE AND ZIP		
DESCRIPTION OF MEMS OR SERVICES PURCHASED	CHECK#	
NAME, ADDRESS, CITY, STATE AND ZIP		TIZ N
DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK#	
ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A]		

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D